



Three Hearts Academy (3H) at St. Catherine Catholic Church (StCCC)
3019 Cayce Lane, Columbia, TN 38401, 931-388-3803

READ CAREFULLY and SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENTS.

MEDICAL and ALLERGEN WAIVER AND RELEASE OF LIABILITY

I, _____, fully understand and acknowledge that the attendance and participation of students in classes, activities and events at 3H at StCCC has inherent risks, dangers and hazards and that the participation of my child(ren) / student(s) in classes and events may result in injury, illness or death. I hereby release 3H at StCCC staff, members, agents and employees from any and all liability for damage, losses or personal injury to my child(ren) / student(s) resulting from participation in classes, activities or events.

CONSENT TO SEEK EMERGENCY MEDICAL TREATMENT

In the event my child is injured or becomes ill in school-related activities, and if I, the parent or guardian of the below-named child(ren), am not present to make and provide consent for medical decisions, I authorize 3H at StCCC, its adult staff, volunteers, supervisors, and drivers to arrange on my behalf for my child(ren)'s emergency medical care and treatment. In the event I am not available to be contacted, I hereby allow 3H at StCCC staff to contact emergency medical responders to assess, care and treat a medical emergency for my child(ren). I also understand that I am responsible -- for payment of any medical charges or expenses not covered by my insurance or insurance applicable to my child.

ALLERGY AWARENESS NOTIFICATION: If my child / student has food allergies, I am aware that 3H at StCCC strives to maintain but does not guarantee an allergen-free environment. My child / student may be exposed inside or outside of the classroom, during snack- and/or lunch-time, or at any time, to recipes and foods that contain peanuts, tree nuts, other nuts and nut oils, egg, shellfish, dairy, gluten, soy, produce and other food and / or liquid allergens.

My signature below indicates that all information provided in this form is true and accurate, and that I fully understand and agree to all notifications and statements made on the form, including but not limited to the Allergy Awareness Notification section. Each responsible parent/guardian must sign.

Parent Signature: _____ Printed Name: _____ Date: _____

Parent Signature: _____ Printed Name: _____ Date: _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Print Child's Full Name: _____ Date of Birth: _____

Allergies and / or Medical condition(s): _____

Print Child's Full Name: _____ Date of Birth: _____

Allergies and / or Medical condition(s): _____

Print Child's Full Name: _____ Date of Birth: _____

Allergies and / or Medical condition(s): _____

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